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45809 7590 03/05/2009
SHOOK, HARDY & BACON L.L.P.
(c/o MICROSOFT CORPORATION)
INTELLECTUAL PROPERTY DEPARTMENT
2555 GRAND BOULEVARD
KANSAS CITY, MO 64108-2613



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Karen D. Chapman

(Depositor's name)

Karen D. Chapman

(Signature)

April 6, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,841	12/05/2003	Mohammed Samji	003797.01281	8318

TITLE OF INVENTION: SYSTEM AND METHOD FOR SHARING ITEMS IN A COMPUTER SYSTEM

04/09/2009 SSITHIB2 00000085 10729841

01 FC-1501	1510.00	00				
02 FC-1504	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE

nonprovisional NO \$1510 \$300 \$0 \$1810 06/05/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LY, ANH	2162	707-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shook, Hardy & Bacon L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MICROSOFT CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

REDMOND, WASHINGTON

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge 19-2112, any deficiency, or credit any overpayment, to Deposit Account Number 19-2112 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /JOHN S. GOLIAN/

Date APRIL 6, 2009

Typed or printed name JOHN S. GOLIAN

Registration No. 54702

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